## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

r Fax

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

000002352

7590

11/12/2003

OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403

2 2 2003 BADEMA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Samuel H. Weiner Reg. UD. 18,510	(Depositor's name)
Leonal (XW)	(Signature)
Dec 17 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/045,809	01/11/2002	Mark Pavier	IR-1839	2069

TITLE OF INVENTION: CLIP-TYPE LEAD FRAME FOR SOURCE MOUNTED DIE

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents of the to 3 registered patent antorneys or agents of the to 3 registered patent antorneys or agents of the to 3 registered patent antorneys or agents of the to 3 registered patent antorneys or agents of the to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agents of the total control to 3 registered patent antorneys or agent and the total control to 3 registered patent antorneys or agent and the total control to 3 register	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUE	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
CAO, PHAT X  2814  257-728000  Change of correspondence address or indication of "Fee Address" (37 R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  CASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)	nonprovisional	NO	\$1330		\$300	\$1630	02/12/2004
Change of correspondence address or indication of "Fee Address" (37 R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent).  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)	EXAM	IINER	ART UNIT	CLA	SS-SUBCLASS	1	
names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent). If no name is listed, no name will be printed.  assignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)	CAO, F	HAT X	2814		257-728000		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)	CFR 1.363).  □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name			
	PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	an assignee is identified be d to the USPTO or is being s EE	low, no assignee data submitted under separa (B) R	will appear on the particle cover. Completic ESIDENCE: (CITY	patent. Inclusion of a on of this form is NO and STATE OR CO	UNTRY)	
	The following fee(s) are	enciosea:	. 4h Pa	yment of Fee(s):			

Publication Fee

Advance Order - # of Copies 10

check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

/	^_			
(Authorized Signature)			(Date) Drc 17.	2005
Schuel H. Wein	ver Reg. No	0.18,510		
NOTE; The Issue Fee other than the applican	and Publication Fee it; a registered attor	e (if required) wil mey or agent; or	l not be accepted the assignee or of	rom anyone her party in

interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

12/30/2003 DTESSEM2 00000148 10045809

01 FC:1501 02 FC:1504 03 FC:8001

1330.00 OP 300.00 GP 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)